WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.	ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  STANDARD CERTIFICATE OF BIRTH  County  City  No. 705 Schoo  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child  To be answered ONLY  4. Twin, triplet or other  6. Legitimate?  7. Date	
	8. FATHER Full name Margarito Chacow  9. Residence (Usual place of abode)  15. Residence (Usual place of abode)  16. non-resident, give place and state.  10. Color or race  11. Age at last birthday. 21. (Years)  12. Birthplace (city or place)  13. Occupation  Nature of industry  14. MOTHER  Full maiden name Ticarda Bozawil  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthday 3. 2 (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  20. Number of children of this mother.  (Taken as of time of birth of child herein (c) Stillborn.  (CERTIFICATE OF ATTENDING SHYSICIAN OR MIDWIFE*), 0.3.	0
WRIT N. B.—in case of more than	I hereby certify that I attended the birth of this child, who was (Born stive or stillborn)  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from a supplemental report.  Month, day, year  Registrar  Registrar  Registrar	

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